FEE TRANSMITTAL Applicant Claims small entity status. See 37 CFR 1.27					ation Number ate umed Inventor er Name	10/619,511 7/16/2003 Katoh Patricia L. NC	
TOTAL AMOUNT OF PAYMENT (\$) 930					y Docket No.	24-008	
METHOD OF PAYMENT (check all that apply)							
Check None Other (please identify):							
Deposit Account Deposit Account Number 50-1147 Deposit Account Name: Posz Law Group, PLC							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM F Fee Description Each daim over 20 of Each independent cla	FILING FS Fee (S) ! 300 200 200 300 160 FEES for Reissues, each im over 3 or, for Reissues	ES nall Entity Fee (\$) 150 100 100 150 80 claim over 20 sues, each in	SEARCH FE Sma Fee (5) Fe 500 100 300 500 0 and more than in the	all Entity e(\$) 250 50 150 250 0 he original pate	Fee (\$) 200 130 160 600 0	nall Entity Fee (5) 100 65 80 300 0	Fees Paid (\$) \$ Small Entity Fee (\$) 50 25 210 105 370 185
Total Claims	tal Claims Extra Claims Fee (\$) Fe		9 (S) Fee	Paid (\$)		Multiple Depender Fee (\$)	Fee Paid (\$)
HP = lighest number of ball daims paid for, if grassler than 20 Indegs, Claims Extra Claims Fee (8) Fee Paid (8) - 3 or HP =							
SUBMITTED BY Registration No. 20 202 Telephone (703) 707-9110							
Signature (Attorney/Agent) 35,880							
Name (Print/Type) Cynthia K. Nicholson Date 22 September 2008							